

1/4

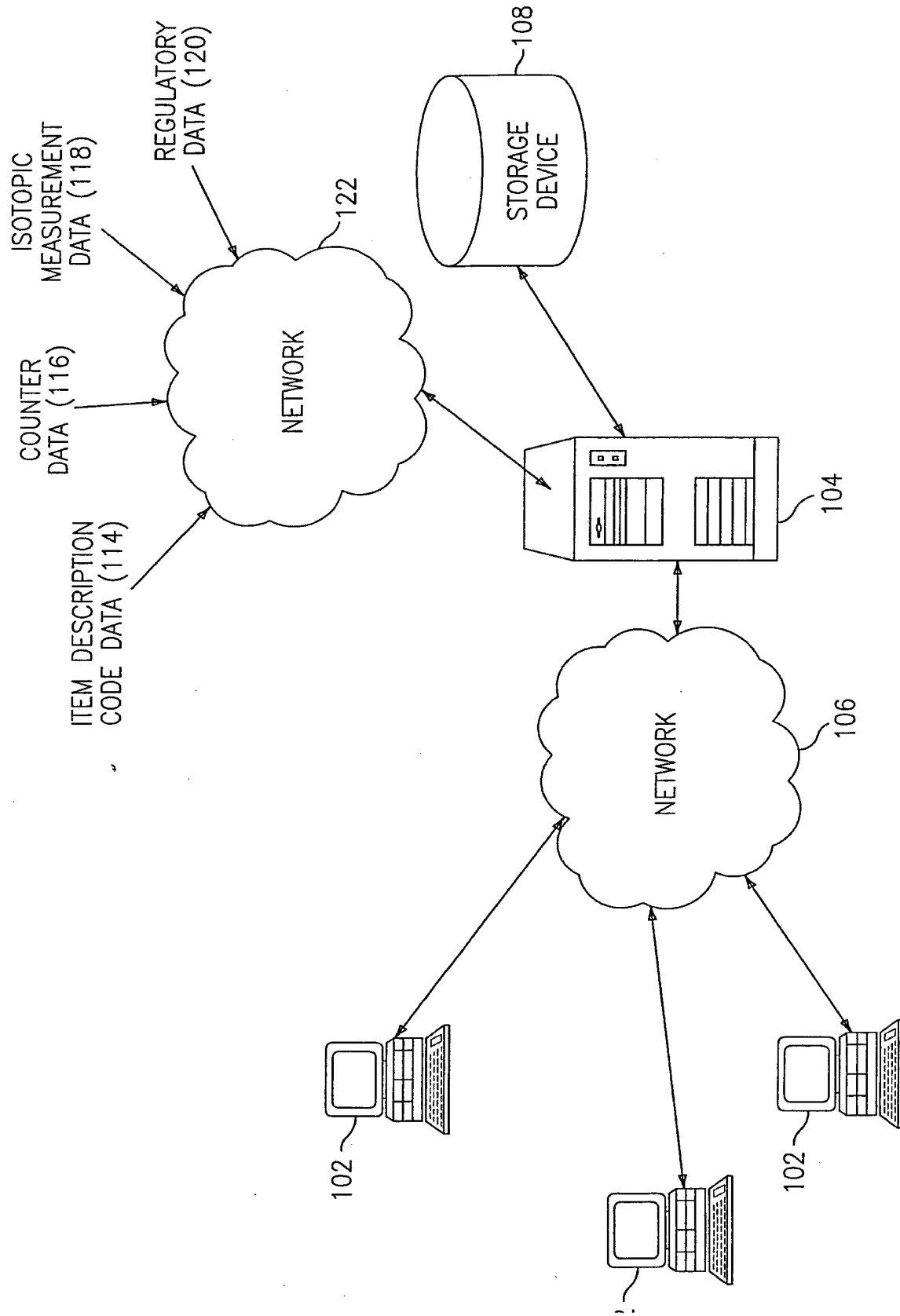


FIG. 1

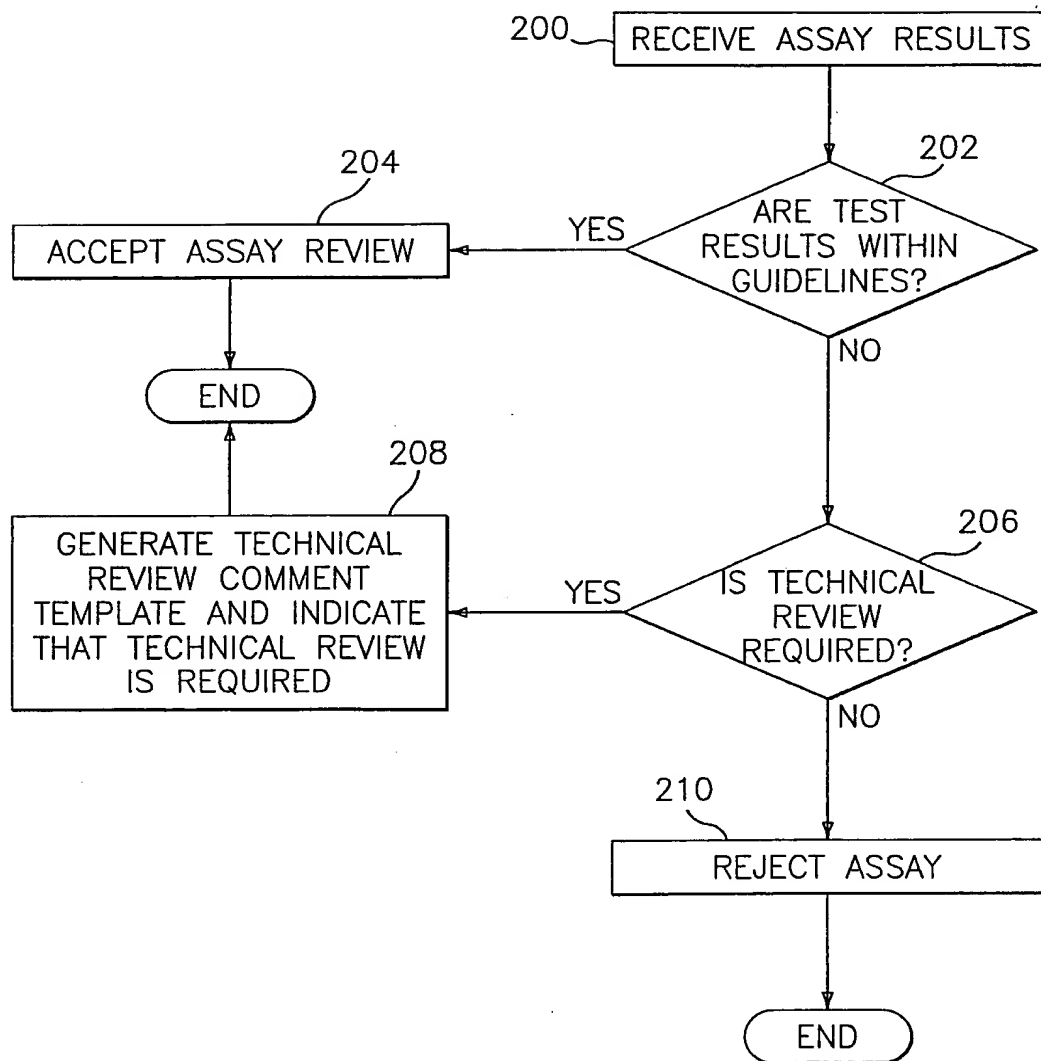


FIG. 2



REPLACEMENT SHEET

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INDEPENDENT TECHNICAL REVIEW REPORT

302

304 {
ITEM IDENTIFICATION: _____
ITEM DESCRIPTION CODE: _____
DATE AND TIME FOR ASSAY: _____
COUNTER IDENTIFICATION: _____
SEQUENCE NUMBER: _____

<u>TESTS PERFORMED</u>	<u>RESULTS</u>
ITEM DESCRIPTION CODE COMPARISON	OKAY
P239/P240 RATIOS	EXPERT REVIEW REQUIRED
TRANSMISSION RATE	EXPERT REVIEW REQUIRED
.	.
.	.
.	.
.	.
.	.
.	.
.	.

310 { FINAL DISPOSITION: EXPERT REVIEW REQUIRED

312 { _____
INDEPENDENT TECHNICAL
REVIEWER SIGNATURE

DATE SIGNED

314

FIG. 3



REPLACEMENT SHEET

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EXPERT TECHNICAL REVIEW COMMENT SHEET

402

404

ITEM IDENTIFICATION: _____
ITEM DESCRIPTION CODE: _____
DATE AND TIME FOR ASSAY: _____
COUNTER IDENTIFICATION: _____
SEQUENCE NUMBER: _____

406

DESCRIPTION OF DATA REQUIRING REVIEW:

408

COMMENTS/DISPOSITION:

410

TECHNICAL REVIEWER
SIGNATURE

DATE SIGNED

412

FIG. 4